

IV. On the Action of Iodoform as an Antiseptic. By Dr. DE RUYTER (Berlin). This is a refutation of the practical conclusions by the Danes Heyn and Røvsing. He agrees with them that iodoform-powder, outside the animal body, where it remains undecomposed is not antiparasitic. However it protects artificial nutritive media and wounds, like a filter from falling micro-organisms.

It must further be acknowledged that germs may be carried by iodoform powder, yet this occurs just as readily with other dry antiseptic material. In artificial cultures where the conditions correspond to those in practice, iodoform exerts a positive antiseptic action. Mixed with pus and kept at the body-temperature it decomposes, yielding a readily demonstrable iodine compound; this is with ptomaines which thus lose their dangerous properties. Sterilized blood or blood serum does not decompose iodoform, but as soon as pus cocci are added the decomposition begins. The cocci, though not killed, are influenced unfavorably. Correspondingly strong solutions of pure iodine are not so efficacious as when the iodine is freed by decomposition. For rapid disinfection of wounds or dressing material an iodoform-ether-alcohol-solution is suitable.

Senger (Magdeburg) added that iodoform greatly impedes and modifies the growth of anthrax bacilli, and destroys their inoculability on fresh gelatine. If iodoform is introduced into an animal and then immediately anthrax germs, these act fatally; but if the iodoform has had time to decompose first, the germs are not fatal. It follows that a wound-surface must first be aseptic to have iodoform act.—Rept. XVI Germ. Surg. Congress in *Centbl. f. Chirg.*, 1887, No. 25.

V. On the Antitubercular Action of Iodoform. By Prof. P. BRUNS (Tübingen). The opinions regarding the local action of iodoform on tuberculosis still differ widely because by the ordinary way of using the remedy it is hardly possible to collect positively decisive observations.

B. communicates the results of clinical observation and histological examination. They speak decidedly for the specific antitubercular action of iodoform. His data were derived from the treatment of cold tubercular abscesses by puncture and injection of iodoform—10% mixture

of iodoform in equal parts of glycerine and alcohol. Here and there the abscess would gradually diminish after even one injection, commonly after two or three, and presently disappear entirely. Of 54 abscesses treated in this way, 40 were cured including numerous voluminous ones with $1\frac{1}{2}$ to 1 lb. pus, especially a number of large sinking abscesses of pelvis and thigh from spondylitis. As the major part of the cured abscesses were certainly tubercular the constant results of the treatment with iodoform can only be explained by its continuous contact with the cavity-lining causing degeneration of the tubercles and the tubercular layer of the abscess-wall. This action was directly proven on a number of patients by excision of the wall some time after the injections. Exact histological examination by Prof. Nauwerck showed that the bacilli had always disappeared and tubercles ceased to proliferate. The tubercular layer of the abscess-wall yields to necrosis and fatty disintegration, and is displaced by normal vascular granulations, until they mix with the fluid contents. Hence the antitubercular action of iodoform is specific, antibacillary.—Rept. of XVI Germ. Surg. Congress in *Centbl. f. Chirg.*, 1887, No. 25.

(1). VI. On the Germs Contained in Soaps and Dressing Materials. By Dr. A. VON EISELBERG (Billroth's clinic). (2). On Sterile Dressing Materials. By Dr. SCHLANGE (Berlin). The first investigation covered a variety of soaps (surface as well as center of the samples examined), almond paste, white (hydrophile) gauze both fresh and such as had been cut up and distributed for use, sterilized gauze-compresses, iodoform and carbolic gauze, iodoform wicking, absorbent cotton, the center of dressings already used, calico, wood wool, plughawar Djambi (a styptic) and tents of sponge, tupelo, and laminaria.

The almond, glycerine, potash and sublimate soaps are in general free from bacteria so that their immediate use for washing the surgeon's hands and the operative field is admissible.

Other cheaper soaps are not so free from germs, but may be used, preferably after longer heating to 100° or soaking for $\frac{1}{4}$ to $\frac{1}{2}$ hour in $\frac{1}{10}\%$ sublimate.